

<i>SERFF Tracking Number:</i>	<i>ASPX-125916249</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Reliable Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>SC10 PM AR03480ARF01</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0000 Inland Marine Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>SCO - Watercraft</i>		
<i>Project Name/Number:</i>	<i>SCO - Watercraft/PM AR03480ARF01</i>		

Filing at a Glance

Company: American Reliable Insurance Company

Product Name: SCO - Watercraft

TOI: 09.0 Inland Marine

Sub-TOI: 09.0000 Inland Marine Sub-TOI
Combinations

Filing Type: Form

SERFF Tr Num: ASPX-125916249

SERFF Status: Closed

Co Tr Num: SC10 PM
AR03480ARF01

Co Status:

Author: SPI AssurantPC

Date Submitted: 11/21/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and
received

Reviewer(s): Alexa Grissom, Betty
Montesi

Disposition Date: 12/02/2008

Disposition Status: Approved

Effective Date Requested (New): 03/01/2009

Effective Date Requested (Renewal): 04/01/2009

Effective Date (New): 03/01/2009

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: SCO - Watercraft

Project Number: PM AR03480ARF01

Reference Organization:

Reference Title:

Filing Status Changed: 12/02/2008

State Status Changed: 12/02/2008

Corresponding Filing Tracking Number:

Filing Description:

American Reliable Insurance Company wishes to the following proposed change to its currently approved Watercraft Program in Arkansas. We are requesting a 3/1/09 new and 4/1/09 renewal effective dates. There is a companion rate filing.

FORM Changes -

We are adding an endorsement to the policy, A7180E0808 Boater's Edge Endorsement

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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Company and Contact

Filing Contact Information

Wendy Sara, Regulatory Analyst	wendy.sara@assurant.com
8655 East Via De Ventura	(480) 483-8666 [Phone]
Scottsdale, AZ 85258	(480) 443-3785[FAX]

Filing Company Information

American Reliable Insurance Company	CoCode: 19615	State of Domicile: Arizona
11222 Quail Roost Dr	Group Code: 19	Company Type:
Miami, FL 33157	Group Name: Assurant, Inc. Group	State ID Number:
(305) 253-2244 ext. [Phone]	FEIN Number: 41-0735002	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Reliable Insurance Company	\$50.00	11/21/2008	24104269

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	12/02/2008	12/02/2008

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Disposition

Disposition Date: 12/02/2008

Effective Date (New): 03/01/2009

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	ASPX-125916249	State:	Arkansas
Filing Company:	American Reliable Insurance Company	State Tracking Number:	EFT \$50
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Project Name/Number:	SCO - Watercraft/PM AR03480ARF01		

Item Type	Item Name	Item Status	Public Access
Supporting Document	AR Cert of Compliance INS01068	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR Revised Cert of Compliance INS00015	Approved	Yes
Form	Boaters Edge Endorsement	Approved	Yes

SERFF Tracking Number:	ASPX-125916249	State:	Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Boaters Edge Endorsement	A7180E	0808	Endorsement/Amendment/Conditions		0.00	A7180E.PDF

AMERICAN RELIABLE INSURANCE COMPANY

BOATERS EDGE ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

I. Section A - Property Damage Coverage, Personal Effects, the coverage amount is amended to a separate limit of \$2,500 for any one occurrence or the amount shown on the Declarations Page for Personal Effects, whichever is greater.

II. Section A – Property Damage Coverage, Limit of Liability is deleted and replaced with the following:

A total loss occurs when Your Insured Watercraft is destroyed or lost. Your Insured Watercraft is considered a constructive total loss when the reasonable expense of recovering and repairing Your Insured Watercraft exceeds the value as shown on the Declarations Page. Your Insured Watercraft is considered lost when it is not found within 30 days of the date it is reported as missing.

In the event of loss or damage to Your insured property, we will pay the lowest of the following amounts:

- a. We will pay the amount shown on the Declarations Page for the Insured Watercraft if it is a total loss or a constructive total loss.
- b. We will pay the reasonable cost of repair or replacement without deduction for depreciation if Your Insured Watercraft is partially damaged. However, the most we will pay for:
 - (1) Batteries, Sails, Canvas, Curtains, Protective Covers
 - (2) Outboard motors or outdrive units which are more than (7) years old
 - (3) Dinghy/tenders
 - (4) Trailers which are more than (7) years old
 - (5) Other machinery which is more than (7) years old
 - (6) Personal Effects is the lesser of the following:
 - i. the Actual Cash Value at the time of the loss,
 - ii. the cost of repair subject to depreciation,
 - iii. the cost of replacement,
 - iv. or the amount of insurance, if any, shown on the Declarations Page for the specific property.

The cost of repairs shall be determined by yacht repair yards, equipment repairers or surveyors agreeable to us.

The amount we will pay for a total loss shall be reduced by the amount paid for repairs of prior covered damage not completed at the time of the total loss.

III. Trailer Deductible Coverage

In the event of a loss or damage resulting from a covered peril involving the trailer, a \$50 deductible will apply.

IV. Section A - Property Damage Coverage, Emergency Towing and Assistance, the coverage amount is amended to a separate limit of \$2,000 for any one occurrence.

V. Section A – Property Damage Coverage, Exclusions That Apply to Section A, d. is amended to include:

This exclusion is deleted when the Insured Watercraft is moored in a facility protected by a bubbler, water agitator, or similar protective device or system during the winter.

However, should a loss result directly or indirectly from ice and/or freezing directly due to the mooring facilities loss of its primary source of electrical power and no secondary source of electrical power had originally been provided by the mooring facility, then coverage will not be provided for such losses.

VI. Section C – Medical Payments, Limit of Liability coverage amount is amended to:

Our limit of liability in any one accident shall not exceed \$10,000 or the amount shown for Section C: Medical Payments on the Declarations Page, whichever is greater, regardless of the number of persons involved or claims made in the accident.

VII. Hurricane Haulout Coverage

If the National Weather Service issues a hurricane watch or warning for the area where Your Insured Watercraft is located, we will cover the reasonable costs that you incur to protect Your Insured Watercraft from loss or damage caused by tidal surge or hurricane force winds. This includes:

- a. Having Your Insured Watercraft professionally hauled out of the water, stored until the watch or warning has ended and then launched in the same general area; or
- b. Having Your Insured Watercraft moved to a safe harbor, including any docking or mooring fees, by a qualified, unrelated individual.

Expenses for the acquisition of line, anchors and additional equipment to secure Your Insured Watercraft are not included in this coverage.

The most we will pay for any one hurricane is \$500, and for any one policy period is \$1,000. The Section A – Property Damage Coverage deductible amount does not apply to this coverage.

VIII. Electronic Navigational Equipment Deductible Coverage

In the event of a loss or damage resulting from a covered peril involving just electronic navigational equipment installed on Your Insured Watercraft, a \$250 deductible (\$1,000 deductible if the loss occurs in Florida, the Bahamas, or Gulf Coastwise Waters) will apply. For deductible purposes, electronic navigational equipment means equipment that is normally required on board Your Insured Watercraft for its normal

operation and use including ship-to-shore radios, depth-finders, GPS, radar and similar navigation systems. It also includes electronic entertainment that is permanently installed and normally used on board Your Insured Watercraft including, but not limited to televisions, stereo systems and personal computers.

Should a covered loss to both the unscheduled electronic navigation and communication equipment and the Insured Watercraft shown on the Declarations Page exceed the SECTION A: PROPERTY DAMAGE COVERAGE section DEDUCTIBLE AMOUNT, the deductible(s) shown in the endorsement shall not apply.

IX. Guaranteed Repair

If the repairs to Your Insured Watercraft for any covered loss are performed in accordance with a repair method of which we approve and by a Boater's Edge Advantage dealer, we will pay for any additional repairs due to faulty workmanship or damage by that repair facility that is discovered later and is part of the covered loss arising from the accident for which the repairs were required.

This guarantee will remain in effect as long as You own the Insured Watercraft and You continuously maintain the insurance coverage with us.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	AR Cert of Compliance INS01068	Review Status:	Approved	12/02/2008
Comments:				
Attachment:	AR Cert of Compliance INS01068.PDF			

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status:	Approved	12/02/2008
Comments:				
Attachment:	P&C Transmittal - Forms.PDF			

Satisfied -Name:	AR Revised Cert of Compliance INS00015	Review Status:	Approved	12/02/2008
Comments:				
Attachment:	AR Revised Cert of Compliance INS00015.PDF			

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)



I, Valley Owens, Vice President of
(Name) (Title of Authorized Officer)

American Reliable Insurance Company
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- Arkansas Code Annotated;
- Arkansas Rules and Regulations;
- Arkansas Insurance Bulletins, Directives and Orders;
- Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? (Yes or No) ▶	Yes
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If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number ▶ SC10 PM AR03480ARF01	
Signature of Authorized Officer ▶	
Name of Authorized Officer ▶ Valley Owens	
Title of Authorized Officer ▶ Vice President	
Email address of Authorized Officer ▶ Valley.Owens@assurant.com	
Telephone # of Authorized Officer ▶ 800-535-1333	Date ▶ 11/21/08

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us

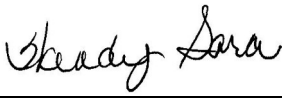
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Assurant, Inc. Group				Group NAIC #	0019
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
American Reliable Insurance Company	AZ	19615	41-0735002			

5. Company Tracking Number	SC10 PM AR03480ARF01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Wendy Sara 8655 East Via De Ventura Scottsdale AZ 85258	Regulatory Analyst	800-535-1333 Ext. 563	480-443-3785	wendy.sara@assurant.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Wendy Sara			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	09.0 Inland Marine		
10. Sub-Type of Insurance (Sub-TOI)	09.0000 Inland Marine Sub-TOI Combinations		
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]			
12. Company Program Title (Marketing Title)			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)		
14. Effective Date(s) Requested	New: 03/01/2009	Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16. Reference Organization (if applicable)	NA		
17. Reference Organization # & Title	NA		
18. Company's Date of Filing	11/2		
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	SC10 PM AR03480ARF01
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

American Reliable Insurance Company wishes to the following proposed change to its currently approved Watercraft Program in Arkansas. We are requesting a 3/1/09 new and 4/1/09 renewal effective dates. There is a companion rate filing.

FORM Changes -

We are adding an endorsement to the policy, A7180E0808 Boater's Edge Endorsement

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: Amount: EFT </div> <div style="text-align: center; font-weight: bold;"> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

ARKANSAS INSURANCE DEPARTMENT
PROPERTY AND CASUALTY DIVISION

RULE AND REGULATION 29
REVISED CERTIFICATE OF COMPLIANCE


INSURER NAME AND NAIC NUMBER: American Reliable Insurance Company
0019-19615

DESCRIPTION: Boaters Edge Endorsement

FORM NUMBER: A7180E

EDITION DATE: 0808

This is to certify that the above captioned property and/or Casualty policy form has achieved a Flesch Reading Ease Test Score of 29.3+ w/ policy, and complies with the requirements of Act 517 of 1981, the Property and Casualty Insurance Policy Simplification Act, codified as Ark. Code Ann. §§23-80-301—23-80-308, and complies with Department Rule and Regulation 29.



Signature of Officer of Company

Vice President

Title

If a policy is stored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.